PEDIATRIC TRAUMA
Birth – 14 Years of Age

If, in the pre-hospital provider's judgement, a patient has been involved in a trauma incident, which because of the potential of a high energy exchange, causes the provider to be highly suspicious the patient has the potential to be severely injured, the patient should be entered into the trauma system

FIELD ASSESSMENT/TREATMENT INDICATORS

Refer to Protocol Reference # 8012 Pediatric Trauma Triage Criteria
Pediatric trauma assessments are based upon color, temperature, respirations and level of consciousness

BLS INTERVENTIONS

1. Assess environment with extrication as indicated
2. Airway management as indicated OPA/NPA, BVM or ETAD
3. Transport or ALS intercept to closest most appropriate facility or trauma center
4. For a Traumatic Full Arrest, an AED may be utilized per Protocol Reference #6015
5. Manage special considerations
   a. Head and Neck Trauma: Whenever possible protect an injured eye with a rigid dressing, cup or eye shield. Do not attempt to replace a partially torn globe – stabilize it in place with sterile saline soaked gauze.
   b. Amputations: Document in narrative that amputated part was given to designated staff at trauma center.
   c. Burns: Protect the burned area.
      i. Do not break blisters or remove adherent materials
      ii. Remove restrictive clothing/jewelry and cover with dry sterile dressing or sterile burn sheet
      iii. Calculate BSA and initially classify burn as Minor, Moderate or Major

ALS INTERVENTIONS

1. Advanced airway as indicated. (Anytime the patient's airway cannot be adequately secured by field personnel, transport to the closest appropriate receiving hospital for airway stabilization and transport)
2. Vascular Access as indicated with large bore IO/IV
   a. Unstable: Establish appropriate vascular access. Administer 20ml/kg NS bolus IO/IV, and evaluate for central/peripheral pulses, and/or increased level of consciousness
   b. Stable: Establish vascular access and maintain IV rate at TKO.
3. In San Bernardino County, contact Trauma Center when the trauma criteria are met per protocol Reference #8012. In Inyo and Mono counties contact Base Hospital.
4. Manage special considerations
   a. Blunt Chest Trauma: Consider needle thoracostomy for chest trauma with symptomatic respiratory distress
   b. Isolated Extremity Trauma: MS 0.1 mg/kg IV not to exceed 2 mg increments to a total of 5mg IV/IO or MS 0.2 mg/kg IM to a total of 10mg IM, titrated to pain relief.

c. Burns:
   i. Calculate fluid rate. Hourly rate = $\frac{(1ml) \times (wt\ in\ kg) \times (\%\ BSA)}{2}$
   ii. MS 0.1mg/kg titrated slowly IV/IO for pain relief (total not to exceed 20mg).
   iii. Nebulized Albuterol 2.5mg may repeat 2 times.

5. Base Hospital may order additional medication dosages, interventions and fluid boluses